

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031539

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 250

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Fulton</b>		Length of stay in lb <b>8 yrs</b>	c. CITY OR TOWN <b>Rush Hill</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hosp. No. 1</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Florence</b> Middle <b>Smock</b> Last <b>Smock</b>		4. DATE OF DEATH Month <b>8</b> Day <b>20</b> Year <b>63</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/23/1882</b>
9. AGE (last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>	
11. BIRTHPLACE (City and state or country) <b>Mottoon, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Absolum Butler</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Clay</b>	
14. NAME OF HUSBAND OR WIFE <b>unk</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>[redacted]</b>		17. INFORMANT <b>State Hospital Records Fulton, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cachexia</b> DUE TO (b) <b>Carcinoma of Esophago-gastric junction</b> DUE TO (c) <b>[redacted]</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>[redacted]</b>			INTERVAL BETWEEN ONSET AND DEATH <b>[redacted]</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>[redacted]</b>		20c. TIME OF INJURY Hour <b>[redacted]</b> a.m. <b>[redacted]</b> p.m. <b>[redacted]</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State Hosp. No. 1</b>	
20f. CITY, TOWN, OR LOCATION <b>Fulton Mo</b>		20g. COUNTY <b>[redacted]</b> STATE <b>[redacted]</b>	
21. X attended the deceased from <b>7/20/55</b> to <b>8/20/63</b> Death occurred at <b>1:08 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Fred P. Hender MD</b>	
22b. ADDRESS <b>Fulton Mo</b>		22c. DATE SIGNED <b>20 Aug 63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-22-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Laddonia Cemetery</b>		23d. LOCATION (City, town, or county) <b>Laddonia Mo.</b>	
24. FUNERAL DIRECTOR <b>Arnold Funeral Home, Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 20 - 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

0147

2 nnye

3

4 1

5 0

6

7 1

8 1

9 150X

10

11

12 930

13 1-0

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Kenneth E. Hays*Licensed Embalmer No. 4890P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.